

INFORMATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	EQUILIBRATION METHOD FOR HIGH RESOLUTION IMAGING OF LUNG COMPLIANCE AND DISTRIBUTION OF FUNCTIONAL RESIDUAL CAPACITY
Attorney Docket Number::	22253-68187
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets:	2
Small Entity?::	No
Petition Included?::	No
Licensed US Govt. Agency::	National Institutes of Health
Contract or Grant Numbers One::	K23 HL04486
Contract or Grant Numbers Two::	RR02305
Contract or Grant Numbers Three::	R01-HL-64741
Secrecy Order in Parent Appl.?::	No

Inventor Information

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	
Family Name::	BAUMGARDNER
Name Suffix::	
Postal Address Line One::	131 Milmont Avenue
City::	Milmont Park
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19033
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	LIPSON
Name Suffix::	
Postal Address Line One::	945 Cloverhill Road
City::	Wynnewood
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19096

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rahim
Middle Name::	
Family Name::	RIZI
Name Suffix::	
Postal Address Line One::	P.O. Box 980
City::	Montgomeryville
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	18936
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	ROBERTS
Name Suffix::	
Postal Address Line One::	417 Yorkshire Way
City::	Rosemont
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19010
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mitchell
Middle Name::	
Family Name::	SCHNALL
Name Suffix::	
Postal Address Line One::	6 Michaels Way
City::	Broomall
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19008

Correspondence Information

Correspondence Customer Number::

Firm Name: DILWORTH PAXSON LLP
Street:: 1735 Market Street
City:: Philadelphia
State or Province:: Pennsylvania
Country:: US
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Telephone No. (215) 575-7000
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Representative Information

Designation:: Registration No:: Name::
Primary 35,279 Evelyn H. McConathy
Associate

Domestic priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application NonProvisional of 60/267,282 02/08/2001

Prior Foreign Applications

Foreign Application One::

Filing Date::
Country::
Priority Claimed::

Assignee information

Assignee name:: THE TRUSTEES OF THE UNIVERSITY
OF PENNSYLVANIA
Street:: 3700 Market Street—Suite 300
City:: Philadelphia
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19104